

Cranio orbital zygomatic approach

The cranio-orbitozygomatic (COZ) approach recently became one of the most frequently employed skull base exposures in the neurosurgical armamentarium [1\)](#) [2\)](#) [3\)](#) [4\)](#) [5\)](#) [6\)](#) [7\)](#) [8\)](#) [9\)](#) [10\)](#) [11\)](#) [12\)](#) [13\)](#) [14\)](#)

It has been in evolution since the frontal approach was first introduced. The addition of both the orbital and zygomatic osteotomies has expanded the limits of neurosurgery to include orbital, craniofacial, and infratemporal pathology. The goal of any skull base approach is to shorten the operative working distance and reduce retraction of the brain while improving exposure. Utilizing the benefits afforded by the cranio-orbital zygomatic approach requires a thorough understanding of the extradural anatomy of the anterior and middle fossae, including the temporal bone, the craniofacial skeleton, and the cavernous sinus.

Videos

<html><iframe width="420" height="315" src="<https://www.youtube.com/embed/NCZCXhD3Onc>" frameborder="0" allowfullscreen></iframe></html>

The Cranio Orbital approach to Tuberculum Sella Meningioma

<html><iframe width="420" height="315" src="<https://www.youtube.com/embed/OsnKmR2QG5Y>" frameborder="0" allowfullscreen></iframe></html>

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